								1	Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10766844					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN				
TOTAL CLAIMS			14					RATE FEE		7	RATE	FEE.		
FOR			NUMBÉR	NUMBÉR FILED		NUMBER EXTRA		BASIC FEE 385.00		OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			/minus 20≃		*	()		X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			9 minus 3 = 0			X43=		OR	X86=					
MI	JLTIPLE DEPE	NDENT CLAIM P	RESÉNT			+145=		1	+290=					
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	037			
CLAIMS AS AMENDED - PART II								.,		1011	OTHER	THAN		
	(Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR	SMALL				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 14	Minus	**:	20	-	X\$	9=		OR	X\$18=			
	Independent	. 2	Minus	*** <	3	=	X4:	3=		OR	X86=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)		
•								5= OTAL		OR	+290= TOTAL			
	(Column 1) (Column 2) (Column 3)						ADDIT.	_	L	OR ,	ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**			X\$ 9)=		OR	X\$18=	1.56		
	Independent	*	Minus	***		ε .	X43	_			X86=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR				
•							+145			OR	+290=			
				-			ADDIT.	TAL		OR A	TOTAL LODIT, FEEL			
-		(Column 1) CLAIMS		(Colum		(Column 3)	• .		•	• .				
WEN		REMAINING AFTER AMENDMENT	•	HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RAT	E.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9	_		OR	X\$18=			
	Independent	•	Minus	***		E	X43:	7		ŀ	X86=			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	7		OR				
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OF TOTAL ADDIT. FEE OF TOTAL ADDIT. FEE														
T	he "Highest Num	ber Previously Paid	For (Total or	Independent	t) is the I	ighest number f	ound in the	арр	ropriate.box	in colu	mn 1.	·		

FORM PTO-875 (Rev. 10/03)

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